## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **November 16th through 30<sup>th</sup>, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

<b>APPLICATION FOR</b>					Approve No. 03 48-004
FEDERAL ASSISTANCE  2. DATE SUBMITTED November			Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED E	BYSTATE	State Application Identifier	2002 EJ
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier STATE CLEAR	NG HOUSE
5. APPLICANT INFORMATION Legal Name:			[0]	DINIE VERMI	
Čalifornia Departme		n (Caltrans)		ision of Planning & I	
Address (give city, county, State, and zip code): 500 South Main Street Bishop, CA 93514			Name and telephone number of person to be contacted on matters involving this application (give area code)  Katy Walton, Deputy District Director		
•	ASSESSMENT OF A PERSON OF THE		(760) 872-06		
6. EMPLOYER IDENTIFICATION 9 4 - 6 0 0 1			7. TYPE OF APPLICA	ANT: (enter appropriate letter in H. Independent School Dist.	n box)
8. TYPE OF APPLICATION:	w Continuation	Revision	B. County C. Municipal	State Controlled Institution     Private University	of Higher Learning
If Revision, enter appropriate let	ter(s) in box(es)		D. Township E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization	
A. Increase Award B. Dec D. Decrease Duration Other	crease Award C. Increase (specify):	e Duration	G. Special District	N. Other (Specify)	
			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
10 CATALOC OF FEDERAL D	ONECTIO ACCIOTANCE N	III Cm.	14 DESCRIPTIVE TITLE OF APPLICANTIO PROJECT		
10. CATALOG OF FEDERAL D	OWESTIC ASSISTANCE N		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE: 49 U.S.C 53	[ 312(a)	20-512	Rural Passenger Program	Transportation & ITS In	tegration
12. AREAS AFFECTED BY PRO		tes, etc.):			
States of Oregon, Californ	nia, & Nevada				
13. PROPOSED PROJECT  ITS	14. CONGRESSIONAL DIS California;			on; 2	
Start Date Ending Date 3/1/02 6/30/04	a. Applicant Caltri	ans	b. Project Te	est & Deployment for AP	TS
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
		00	ORDER 12372 PR	ROCESS?	
a. Federal	\$	400,000	a. YES. THIS PREA	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$	. 00	AVAILABLE	TO THE STATE EXECUTIVE FOR REVIEW ON:	
c. State	\$	80,000	DATE	11/26/02	
d. Local	\$	.00	1	AM IS NOT COVERED BY E. C	D. 12372
e. Other	\$	·oo	<u>-</u>	BRAM HAS NOT BEEN SELEC	
f. Program Income	\$	.00	17 IS THE ADDITION	NT DELINQUENT ON ANY FE	OFDAL DEDTO
g. TOTAL	\$	480,000	7	attach an explanation.	☑ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH			
a. Type Name of Authorized Repr F. Katy Walton	resentative	b. Title Deputy District Dire	ector	c. Telephone Number (760) 872-0691	
1. 8 gillature of Authorized Repres	sentative			e. Date Signed	
1 July Course	1			11/26/02	

CALTRANS PLNG

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR			2. DATE SUBMITTED Applicant Identifier				
FEDERAL ASSISTANCE			. 11/25/02				
TYPE OF SUBMISSION	NC		3. DATE RECEIVED BY STATE	State Application Identifier			
Application		Preapplication					
☐ Construction ■ Non-Construction		☐ Construction☐ Non-Construction☐	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFOR	MATION						
Legal Name: California	Air Resources Board		Organizational Unit: Administrative Services Div	ision			
Address (give city, county 1001 I Street P. O. Box 2815 Sacramento, CA 95812	•		Name and telephone number of the person to be contacted on matters involving this application (give area code)  Valinda Debbs, Administrative Kevin Nesbitt, Program (916) 322-8201 (916) 322-6922				
6. EMPLOYER IDENTI 68-0288069	FICATION (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter here) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe				
8. TYPE OF APPLICATION:  New XX Continuation Revision  If Revision, enter appropriate letter(s) in box(es): □ A □  A. Increase Award B. Decrease Award  C. Increase Duration D. Decrease Duration			E. Interstate L. Individu F. Intermunicipal M. Profit G G. Special District N. Other G	Organization			
Other Specify		<del></del>	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency				
10. CATALOG OF FED	ERAL		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
	ANCE NUMBER: 66.60		Greenhouse Gasses				
TITLE: Surv	eys, Studies, and Investi	gations	To reduce the emission of HFC-134a refrigerants used in vehicle air conditioning.				
12. AREAS AFFECTED  State of C		ounties, states, etc.):					
13. PROPOSED PROJEC	CT:	14. CONGRESSIONAL DISTRICT OF:	NOV 2 7 2002				
Start Date	End Date	a. Applicant:	STATE CLEARING HOU	b. Project			
		03		Statewide			
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. Federal		\$ 20,000.00		PPLICATION WAS MADE AVAILABLE DER 12372 PROCESSES FOR REVIEW			
b. Applicant	<u></u>	\$ 6,653.00	ON:	DER 12572 PROCESSES FOR REVIEW			
c. State		\$	DATE <u>Signature date</u>				
d. Local \$		b. NO.  PROGRAM IS NOT COVERED OR PROGRAM HAS NOT REFEN					
f. Program Income \$			SELECTED BY STATE FOR REVIEW  NY FEDERAL DEBT?				
f. Program Income \$ g. TOTAL \$ 26,653.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Uses If "Yes" attach an explanation. X No				
18. TO THE BES	AUTHORIZED BY TH	GE AND BELIEF. ALL DATA IN THIS AP	PLICATION/PREAPPLICATION ARE TRUE AND NT AND THE APPLICANT WILL COMPLY WITE	CORRECT, THE DOCUMENT HAS I THE ATTACHED ASSURANCES IF			
THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative.  Larry Morris			b. Title:  Chief, Administrative Services  c. Telephone Number (916) 322-8198				
d. Signature of Authorize	d Representative			e. Date Signed			
				/ /			
Previous Editions Not Usable				Standard Form 424A (REV 4-8			

#### OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Construction Preapplication ✓ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: City of Loyalton municipality Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) P.O. Box 128 Ray Kruth, Eco:Logic Eng., 775-827-2311 Loyalton, CA 96118 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 0 3 6 4 C A. State H. Independent School Dist. I. State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: B. County C. Municipal J. Private University New New Revision Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: **USDA Rural Development** 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 0 7 6 6 City of Loyalton 2003 Water System Improvements Project TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Loyalton, Sierra County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Ending Date Start Date a. Applicant b. Project 4/1/03 12/1/03 Third 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 2.269.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 00 c. State DATE \_\_\_\_\_ d. Local \$ 00 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

2.269.000

a. Type Name of Authorized Representative MICHAEL HUDSOM d. Signature of Authorized Representative

	b. Title	LPCREON
-		

c. Telephone Numbe	3-6750
e. Date Signed	

Yes If "Yes," attach an explanation.

**✓** No

Public Telecommunications Facilities Program APPLICATION FOR PTFP FUNDS Revised Form NTIA/Department of Commerce/Washington DC 20230 OMB Approval 0660-0003 For PTFP CFDA 11.550 **APPLICATION PART I** 2. Employer 1. APPLICANT 94-2853970 KTEH TV Foundation Legal Name Organizational 25 2002 NOV Main **Broadcast Engineering** Station KTEH TV 54 Mailing Address (line 1) 1585 Schallenberger Road Letters Radio MHz Channel Address (line 2 if required) City San Jose State CA County Santa Clara Zip 95131-2434 3. Administrative Contact E-mail cglick@kteh.org Mr., Ms., Dr. First Name M. I. Last Name Jr. etc. Position D Ms. Cathrene Glick Broadcast Engineer Phone # (408) 795-5442 408) 995-5479 Fax # 4. Engineering Contact Full Mr. Carl Rieg Engineer Phone 408 795-5414 Title Chief Engineer PROJECT INFORMATION Enter "Y" if 5b. Old 6. Enter "Y" if new Reactivation File # FCC authorizations N are required 7. Enter letter(s) to classify project 8. Length of Project (# of P)lanning or (R)adio or (T)V T or (RT) for both (B)roadcast or (N)onbroadcast 18 <u>C</u> (C)onstruction or (BN) for both months) 9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit A. New Broadcast Station, Repeater or Translator; 1st local origination D. Nonbroadcast (e.g. Distance Learning Activation or B. Broadcast C. Digital TV 10. Enter the Equipment Replacement, Augmentation Conversion Priority or Category under which Expansion you request CURRENTLY served by CURRENTLY served by FIRST service added by the application proposed facility applicant. applicant. CURRENTLY served by be reviewed applicant 1,800,000 ADDED SERVICE to those Enter "Y" if a multi-year application NEW service added by proposed **Broadcast Other** covered by others 14. Is applicant subject to review by Executive Order 12372? 13. ESTIMATED FUNDING (whole dollars) 16 Enter NO if state has no Single Point of Contact Office of PTFP program is not selected for state review. Otherwise enter Yes. a. Federal Request 312,558 NO 12. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) b. Applicant Share \$ 312,558 California 5-13 Is applicant delinquent on any Federal Debt? Enter YES or NO. If YES, attach explanation. c. TOTAL 625,116 NO d. Fed. % of eligible costs 50.00 16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded. Phone # (408) 795-5413 M. I. Last Name Position First Name Jr. etc Mr., Ms., Dr. Mr. **Thomas** E Fanella President Date 02 Signature of authorized representative signed

ktehtv54

APPLICATION FOR				OMB Approval No. 00 to 00 t	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED  November	22, 2002	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction	<u></u>			
Legal Name:			Organizational Unit:	- Daniel Control of the Control of t	
Community Housing	Improvement Prog	ıram, Inc.	N/A		
Address (give city, county, State,			Name and telephone	number of person to be contacted on matters involving	
1001 Willow Street			this application (give a	area code)	
Chico, CA 95973			lus state Minha	L 520 004 6024 v 224	
	I NUMBER (EAN)			I 530-891-6931 x 231  ANT: (enter appropriate letter in box)	
6. EMPLOYER IDENTIFICATION			7. TIPE OF AFFEIG	N	
9 4 - 2 2 2 3	3 9 8		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning	
✓ New	Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) Non-Profit Corp.	
711 11107 00000 7 111011 = 1 = 1 = 1 = 1	specify):	S Daration	C. Opoolar Diotrior	7. Oald. (Oposity)	
B. 200,0000 Danasion			9. NAME OF FEDERA	AL AGENCY:	
			LIODA DID.		
			USDA - Rural De	•	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU		11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		1 0 — 4 2 0		for funding of Rural Self-Help Housing	
TITLE: Pural Solf-H	elp Housing Technical	Assistance	Technical Assistance for building of 33 equivalent units in		
12. AREAS AFFECTED BY PRO			the two year peri	od 2002-2004.	
	,				
City of Susanville, Lassen	County, State of Calif	oma			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
2/1/03 1/31/04	2nd CD C	California		2nd CD California	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
	Ι Α	00	ORDER 12372 PF	ROCESS?	
a. Federal	\$	646,000	a YES THIS PRE	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
	•				
c. State	\$	.00	]	11/22/02	
		00	DATE	1 1/22/02	
d. Local	\$	•	h No El BROCE	AM IS NOT COVERED BY E. O. 12372	
e. Other	\$	00		GRAM HAS NOT BEEN SELECTED BY STATE	
e. Other	Ψ	•	FOR REV		
f. Program Income	\$	.00	1		
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	646,000	Yes If "Yes,"	attach an explanation.	
40 TO THE DEST OF MY KNOW	TION ARE TRUE AND CORRECT, THE				
				HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF		. 199			
a. Type Name of Authorized Rep		WEN	c. Telephone Number		
David Ferrier Executive Director  d. Signature of Authorized Representative			<u> </u>	(530) 891-6931 e. Date Signed	
a. Signature of Authorized Rapid		~	Annual An	11/22/12	
Previous Edition Usable		NOV 2 5	2002	Standard Form 424 (Rev. 7-97)	
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		STATE CLEARIN	IC HOUSE		
		STATE PREMIT	TOUUL L		

APPLICATION FOR PTFP FUNDS

Public Te ... communications Faciliti ... Program
NTIA/Department of Commerce/Washington DC 20230 For PTFP

Check here if Revised Form

CFDA 11.550

For PTFP Use

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м		7 L.		4	LIN	Ρ,	MR I	•

1. APPLICAI	NT				2. Em ID # (	nployer (EIN) <u>95-600190</u>	8
_egal Name	Los Angeles Ur	nified School Distric	et				
Organizational Unit	Educational Bro	padcasting			Main Station		KLCS TV 58
Mailing Address (line 1)	1061 W. Templ	e Street	×47×-×		Call Letters	Radio MHz	TV Channel
Address (line 2 if required)	4.4		West Transferred to the contract of the contra				
City	Los Angeles			State CA	County	Los Angeles	Zip <u>90012-</u>
3. Administrativ	ve Contact		E	- <sup>mail</sup> janalyn.glymp	h@lausd.net		
Mr., Ms.,	Dr. First Name	M. I.	Last Name		Jr. etc F	Position	
Dr.	Janalyn	<u>W</u>	Glymph			General Manager	
Phone # (213)	241-4073			Fax #	(213) 481	I-1019	
4. Engineering	Contact				(		
Full Mr. J.	ames Mason			Engineer		1/0/-15	G B TO BE
	Engineer			Phone .	(213) 241	-4058////)/	
		4				//_N	'OV 2 2
PROJECT IN	IFORMATION	5a. Enter "\ Reactiv	/" if ation <u>N</u>	5b. Old File #	<ol><li>Enter "Y" i FCC author</li></ol>	orizations N.	OV 2 2 2002
7. Enter letter(s)	to classify project				are require	ed SATE CI	FADIN
(P)lanning or (C)onstruction	C (R or	)adio or (T)V T (RT) for both	(B)roadcast or or (BN) for both	(N)onbroadcast B	8. Length of Project (# months)	of <u>12</u>	EARING HOUS
9. Check ONE b	ox which best descri	bes the type of your proj	ect and enter the	estimated number of pe	rsons that the pr		
A. New Broadca Station, Repeat Translator; 1st I origination	er or	B. Broadcast Equipment Replacement, Augmentation		igital TV onversion	(e.g. E Learni Activa	tion or	1 10. Enter the Priority or Category under which
FIRST servic proposed fac		CURRENTLY served applicant.		URRENTLY served by pplicant.		RRENTLY served by licant.	you request the application be reviewed
ADDED SER covered by of	VICE to those thers	16,429,100		nter "Y" if a uilti-year pplication	i NEV I facil	N service added by propos lity	sed   <u>4A</u>
						11. Single Congression	nal
13. ESTIMAT a. Federal Reque	ED FUNDING (v			subject to review by Executive state has no Single Point of Con		District of Applicant	33
a. i ederai Neque		367,967	Office of PT	FP program is not selected for si erwise enter Yes.	Yes	<b>12.</b> Other Cor	ng. districts served by
b. Applicant Shar	re \$ 	551,952				project (e.	g. PA 1-3, NY 4, 5-9) 7, 29-32, 34-38
c. TOTAL	\$	919,919		lelinquent on any Federal De NO. If YES, attach explana		07(24-21	, 20-32, 34-30
d. Fed. % of eligi	ble costs	40.00 %			-		
16. CERTIFIC	CATION BY AUT	HORIZED REPRE	SENTATIVE	To the hest of my know	ledge and holief	all data in this applica-	tion are true and correct.
The document h	nas been duly autho tance is awarded.	rized by the governing		plicant and the applica	nt will comply	with the attached ass	surances and the PTFP
Mr., Ms., Dr. F	irst Name	M. I.	Last Name	one # ( <u>213 ) 625-6</u>		sition	
Ms. (	Caprice	/	Young		<u>Pr</u>	esident, Board of I	Education
Signature of authorized representative	4	- p/			Date signed —	11/18/02	

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APPLICATION F	OR			QMB Approval No. 0348-0042	
FEDERAL ASSIS	STANCE		2. DATE SUBMITTED	Applicant Identifier	
1. TYPE OF SUBMISSION:			November 19, 2002		
Application	•	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
Construction		Construction			
<u></u>		<del></del> 1	4. DATE RECEIVED BY FEDERAL AGENCY	Federel Identifier	
X Non-Construction		Non-Construction			
5. APPLICANT INFORMATI	ON				
Legal Name:	STATE OF CALIFOR	NE GEIV	Organizational Unit:		
Address (give city, county, st	are and zip code);		Department of Fish and		
-	ent of Fish & Game		Name and telephone number of the person to be	contacted on matters involving this	
1812 Ninth St	grams Branch	NOV 2 2 2002	application (olde area code):		
Sacramento,	1 1	- 2 2002	Carolyn Murata (916)	445-3559	
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN): CTAT		7. TYPE OF APPLICANT: (enter appropriate let)		
ī.	94-1697567	E CLEARING.H	7a.I State	H, Independent School Dist.	
8. TYPE OF APPLICATION:			B-comy	I. State Controlled Instruction	
X New	Continuation	Revielon	C. Municipal	of Higher Learning	
If Revision, enter appropriate	e letter(s) in box(2s):		O. Township	J. Private University	
			E. Interatate	L <sub>_</sub> Individual	
A Incresse Awerd	B. Decrease Award		F. Intermunicipal	M. Profit Organization	
C. Increese Ouretion	D. Decrease Duration		G. Special District	N. Other (Specify)	
E. Other (specify);					
	L DOMESTIC ASSISTANCE NUMB	ER:	9. NAME OF FEDERAL AGENCY: U.S. Department of the	Interior	
15-605	Sport Fish Restorati	on Act	U.S. Fish and Wildlife Service		
	PROJECT (blies, countles, steles		11. DESCRIPTIVE TITLE OF APPLICANTS PR		
I ANOSAI COILO BI	( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	, 00.7.	Aquatic Education Enhance		
	Statewide		This new project brings in nev		
			the existing Aquatic Resource		
13. PROPOSED PROJECT:			(F-49-AE). The 2-year Grant	_	
Sten Date	Ending Dele	14. CONGRESSIONAL DISTR	ICTS OF:		
11/ /02	06/30/04	a, Applicant		b. Project	
15, ESTIMATED FUNDING:		3	·	99	
a. Federal	\$521,250.00	18. IS APPLICATION SU	BJECT TO REVIEW BY STATE EXECUTIVE ORD	DER 12372 PROCESS?	
b. Applicant		a. YES. THIS PREAP	PLICATION/APPLICATION WAS MADE AVAILAB	LE TO THE	
		STATE EXE	CUTIVE ORDER 12372 PROCESS FOR REVIEW	/ ON:	
c. Slate	\$173,750.00	Date:	Nov 22, 2002		
		b. NO PROGR	RAM IS NOT COVERED BY E.O. 12372		
d. Local		OR PR	OGRAM HAS NOT BEEN SELECTED BY STATE	FOR REVIEW	
e. Other		17. IS THE APPLICATION	N DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income		Yes if 'Yes	:", attach an explanation	X No	
g. JOTAL	\$695,000.00				
		ATA IN THIS APPLICATION/PRE	EAPPLICATION ARE TRUE AND CORRECT. THE	E DOCUMENT HAS BEEN DULY	
			COMPLY WITH THE ATTACHED ASSURANCES		
a. Typed Name of Authorize	1		b. Title:	c. Telephone Number	
	Michael Harris		Deputy Director, Admin	(916) 653-4633	
d. Signature of Authorized	Suproportiative )			e. Date Signed	
Les I	All the second	_ ~~~		11/21/0~	
Approved for the Secretary of	of the Interior		TILIO:	Dale	
Slandius					
Previous Editions Not Usable	9			Stendard Form 424 (REV 4-88)	

<b>APPLICATION FOR</b>				OMB Approval No. 0348-0043	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED Novembe	r 4, 2002	Applicant Identifier	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	/ FEDERAL ACENCY	Federal Identifier	
	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCI	rederal identifier	
Non-Construction 5. APPLICANT INFORMATION	WOII-CONSTRUCTION				
Legal Name:			Organizational Unit:		
Čampesinos Unidos,			Campesinos l	Unidos Self-Help Housing Program	
Address (give city, county, State,	and zip code):		Name and telephone rethis application (give a	number of person to be contacted on matters involving	
P.O. Box 39	t Oalifamia (	10007	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Brawley, Imperial Co		02221		Z (760) 351-5100 NNT: (enter appropriate letter in box)	
6. EMPLOYER IDENTIFICATION 9 5 - 2 7 4 5			7. THE OF APPLICA	N . (enter appropriate letter in box)	
9 0 2 7 4 3	0 2 3		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning	
<b>✓</b> Nev	Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. Dec	rease Award C. Incre	ease Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Private Non-Profit	
	specify):	ase Duration	G. Special District	N. Other (openly)	
			9. NAME OF FEDERA	AL AGENCY:	
			U.S.D.A. Rural Development		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
		1 0 — 4 2 0	Self-Help Housin	g Project Consisting of the Construction	
HODA D			for 36 Homes in	the Imperial County. [	
AREAS AFFECTED BY PRO		Help Housing Program	-		
9				[[n]]	
Holtville, Heber, Imperial	T			ULI NOV 2 2 2002	
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:			
Start Date Ending Date	a. Applicant	District	b. Project	50th DISTATE CLEARING HO	
1/1/03 12/31/04	5Utr	n District		OUT DIGITION	
15. ESTIMATED FUNDING:			ORDER 12372 PF	SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?	
a. Federal	\$	556,497 ·	a YES THIS PREA	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. State	\$	.00	DATE	11/04/02	
d. Local	\$	. OG	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372	
e. Other	s. Other \$ .00		☐ OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE /IEW	
f. Program Income	\$	.00			
		00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	556,497		attach an explanation. 🗾 No	
				TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF			IN ALL MOARTARD II	THE PERSON NAMED OF SPECIAL PROPERTY OF THE PERSON	
a. Type Name of Authorized Rep		b. Title Executive Director		c. Telephone Number (760) 351-5100	
Jose M. Lopez Signature of Authorized Repre	esentative 0111	Executive Director	-	e Date Signed	
71. L	Usellle			11-18-02	

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Standard Form 424 (REV 4-88)
Prosoribed by OMB Circular A-102

Previous Editions Not Usable

					DE GREATER NO. OFFE OF		
APPLICATION F FEDERAL ASSIS		July 10, 2002		Applicant (denuitler	1111		
1. TYPE OF SUBMISSION Application	Prespellantion	1 DATE RECEIVED B	Y STATE	State Applicant Identific	M NOV 2 1 2002   U		
Construction	☐ Construction	▲ DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier C	No.		
Non-Construction	☐ Non-Construction			Landial idaumia. 72	TATE CLEARING HOUSE		
5. APPLICANT INFORMATION	is this proposal being su	JBMITTED TO ANOTHER	FEDERAL AGENCY?	YES ZNO IFYES, LIST	ACRONYM(S)		
Legal Name:  Department of To	vio Substance O		Organizational Unit:				
Address (give city, county, sta	oxic Substances C	ontrol	Hazardous	Materials Labo	ratory		
2151 Berkeley W Berkeley, CA 947	/ay		I was abburgation (Byon	and E-mail number of the eros code) oper, Ph.D. (510)	person to be contacted on matters involving 540-3499		
			ADMIN. CONTA	CT:			
G. EMPLOYER IDENTIFICATION	NUMBER (GIN):		7. TYPE OF APPLICAN	T: (enter appropriate letter)	(a Bay)		
	-		A. State	H. Independent	بطا		
8. TYPE OF APPLICATION:			B. County		lled Institution of Higher Learning		
_	_		C. Municipal D. Township	J. Private Unive K. Indian Tribe	ersity		
(X)	New Continuation	Revision	E. interst≄te	L. Individual			
If Revision, enter appropriate le	exer(a) in box(ea):		F. Internunicipal G. Special District				
A. Incresse Award		crease Duration					
D. Decrezse Duration	Other (specify):		9. NAME OF FEDERAL ACENCY:				
			U.S. Env	vironmental Prot	ection Agency, Region 9		
<ol> <li>CATALOG OF FEDERAL DOM A93ISTANCE NUMBER;</li> </ol>	ESTIC		11. DESCRIPTIVE TITLE	OF APPLICANTS PROJEC	τ:		
TITLE: US EDA O	OLLUTION PREVENT		Pollution prevention strategy for penta-PBDE via body-burden monitoring using breast milk				
			monitoring usin	ig breast milk			
12. ARBAS AFFECTED BY PROJE	CT (cides, acunties, states, etc.):						
Alameda County, Ca California statewide							
Camorna statewide							
13. PROPOSED PROJECT:	14. CONGRESSIONA	L DISTRICTS OF:					
Start Date Ending	Oate a. Applicant		ь	. Project			
11/01/02 10/30/0	4 9th			Districts 8 and	i 9		
15. ESTIMATED TOTAL PROJECT	FUNDING:	16. IS APPLICATION	SUBJECT TO REVIEW B	Y STATE EXECUTIVE ORDE			
a. Foderal \$ 15	50,000	B. YES, THIS	PREAPPLICATION/AP	PLICATION WAS MADE.	AVAR ARLE TO THE		
b. Applicant	.00	DATE	,		by face.		
c. State	.00	1		/ /	<u>/</u> / / · · ·		
d. Local \$	.00,						
e. Other \$	.00,	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			TATE FOR REVIEW		
Program Income \$	.00.	17. IS THE APPLICAN	T DELINQUENT ON ANY	FEDERAL DEOT			
J. TOTAL 5 30	0.000			_			
	0,000 .00		"Yes," attach an oxplen	_	No		
8. TO THE BEST OF MY KNOWLED LUTHORIZED BY THE GOVERNING S	GE AND BELIEF, ALL DATA IN TH	S APPLICATION/PREAS	PPUCATION ARE TRUE A	ND CORRECT. THE DOCUM	ENT HAS BEEN DULY		
. Typed Name of Authorized Res	The state of the s	TE APPLICANT WILL CO	MPLY WITH THE ATTACH	IED ABSURANCES IF THE A	SSISTANCE IS AWARDED.		
Jeffrey Wong, Ph. D			puty Director, SPP1	ГР	c. Telephone number (916) 322-2822		
. Signature of Authorized Repres	anna we				e. Date Signed		
Previous Edworks New Deable					9/13/02		
Premanaed by MMB Circular 4-102	Au	thorized for Loc	al Reproduction		Standard Form 424 (REV 4-88)		

							OMB Approval No. U348-11043
APPLICAT FEDERAL	TON FOR ASSISTANC	CE 1	DATE SUBMITTED 1/21/2002		Applicant Identifi	<u>llnl</u>	E G E U V E
1. TYPE OF SUBMIS Application Construction	Proapplica Const	niction 4,	DATE RECEIVED BY		State Application	<u> </u>	NOV 2 1 2002
Non-Construct		Construction			<u> </u>		11011011
5. APPLICANT INFO	RMATION			Omenbational Unit:		0 "7"	TE CLEARING HOU
Legal Name: Tehachapi Vall	ey Healthcare D	istrict		Tehachapi Hos		101/	
Address (give aity, ac 115 West "E" S P.O. Box 1900 Tehachapi, CA Kern County		ode):		Name and telephone application (give are Raymond T. H (661) 822-324	n <i>code)</i> Ino	rean to be cof	ntacted on maliers involving this
A EMPLOYER IDEN	ITIFICATION NUMBER	R (EIN):		7. TYPE OF APPLIC	ANT; (enter appn	opriete letter i	n box) G
-	5 - 2 5 6	3 7 3 4		A. State B. County		independent State Controll	
	¥ Now	Continuation	Revision	C. Municipal D. Township E. Imansiale	ĸ.	Privale Unive Indian Triba Individual	LENTY
A. Increase Award		Award C. Inch	ease Duration	F. Intermunicipa G. Special Distr	al M. Ica N.	Profit Organiz Other (Specif	
D. Decrease Dura	nion Othar (a <del>pac</del> i)	<i>.</i>		United States Department of Agriculture			
ASSISTANCE NUMBER:  1 0 - 7 6 6  TITLE: Community Facility Loans, Rural Development  12. AREAS AFFECTED BY PROJECT (oldes, countles, states, etc.): Tehachapi Valley Healthcare District and service area			overcrowed far acquistion of fo	cility by demo	lition of tw	sisst expanding our o old buildings and	
13. PROPOSED PR	O JECT)	14 CONGRESSION	NAL DISTRICTS OF:				
Start Data	Ending Date	e, Applicant			b. Project		
01/15/2002	06/30/2003	21st District			State of C		
15. ESTIMATED PU	INDING:						ORDER 12372 PROCESS?
a. Federal	3	106,000,0	B. YES, TO	HIS PREAPPLICATION 12372 PROCESS FO	WAPPLICATION V OR REVIEW ON:	VAS MADE AV	VAILABLE TO THE STATE EXECUTIVE
b. Applicant	\$	).	DATE	11/21/2002			
c. State	S	١,	b. NO.	PROGRAM IS NOT	COVERED BY E.C	o. 1 <b>297</b> 2	
d. Local	s	).	D00	OR PROGRAM HAS	NOT BEEN SELE	CTED STATE	FOR REVIEW
n. Other	s	,1	<b>x</b> 0				
1. Program Income	5		17. IS APPLICA	TION DELINQUENT		L DEBT?	<b>✓</b> No
g. TOTAL	s	106,000.	œ <u> </u>				
18. TO THE BEST C	OF MY KNOWLEDGE A	ND BELIEF, ALL DAT	A IN THIS APPLICATI	ON/PREAPPLICATION	ARE TRUE AND	CORRECT, TI	HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED.
	Authorized Represe			b. This			c. Teluphona number
Raymond T. H	lino			C.E.O./Admiir	nistrator		(661) 822-3241
	inhorized Represent	aire /	<u> </u>				e. Date Signed
	٠٠١.	4	<del>~</del>				11/21/2002

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## APPLICATION FOR PTFP FUNDS

### Public Tel ommunications Facilitie

Pr	ogram	Check here if Revised Form
. ^		11011000

OMB Approval 0660-0003

Signature of authorized representative

Authorized for Local Reproduction

NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

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F	or	P	T	F	P
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•	190				

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4			A 1	UN	P 13	RI

1. APPLICAN	T								# (EIN)	95-60022	.72	
Legal Name	Boar	d of Tr	ustees,	Coas	t Commu	nity Co	llege D	istrict	-			
Organizational Unit	KOCE	-TV						Main Station			KOCE	50
Mailing Address (line 1)	1575	1 Gotha	rd Stree	et				Call Letters	Radio	MHz	ΤV	Channel
Address (line 2 if required)						-						
City	Hunt	ington	Beach		······································	State _	CA	Cou	Orange			647
3. Administrative	Contact					E-mail						
Mr., Ms., Di	First Na	ame el	M.		Last Name Rog	ers		Jr. etc	Position	Preside	ent	
Phone #(71	.4) 8	95-5623	3			VEL)	Fax#	714	895-8	949		
4. Engineering C	ontact			h	10V 2 1	2002	A), i popiere a destruita de la final de l	,				
Full R	loger	Yoakum					Engineer					
Name — C	hief	Enginee	er	STATE	E CLEARII	YG HOUSE	Phone	(714)	895 <b>-</b> 5	623 ————		
PROJECT INF	ORMA	TION		nter "Y" if		5b. Old File #	N/A	6. Enter " FCC at	Y" if new uthorizations	Y		
7. Enter letter(s) to	classify p	project						are req				
(P)lanning or (C)onstruction	C	(R)adi or (RT	o or (T)V		B)roadcast or	r (N)onbroado	ast B	8. Length Project	(# of	12		
(4)4		J. (	, 101 2011	J	, (2.1) 101 50			months	5)			
9. Check ONE box	which be	st describes	the type of you	ur project	and enter th	e estimated n	umber of pe	rsons that the	e project will	benefit		
A. New Broadcas Station, Repeater			3. Broadcast		¦ c.	Digital TV Conversion			Nonbroadcas	t	1 10. E	nter the
Translator, 1st loc origination		į F	Replacement, augmentation			3011313131	X	l Le	arning tivation or		Cate	
FIRST service proposed facilit		I L	CURRENTLY s	served by		CURRENTLY s applicant. 8.2 mill	•	1	pansion CURRENTLY applicant.	served by	the a	equest pplication viewed
ADDED SERVI	CE to those	 • <sup> </sup>			-			1	NEW service	added by propose	l d <sup>l</sup>	6 D
covered by other	ers	 			<u>'</u>	Enter "Y" if a multi-year application	N		facility		- I	<u>6B</u>
								· · · · · · · · · · · · · · · · · · ·				
13. ESTIMATE	D FUNI	DING (wh	ole dollars	1	4. Is applican	t subject to revi	ew by Executiv	ve Order 1237:	27	11. Single Congressiona District of	ı	
a. Federal Reques		596,			Enter NO Office of	if state has no Sir PTFP program is r	ngle Point of Con	ntact state	77	Applicant		42
b. Applicant Share	\$	1,200,	***************************************		raview. C	therwise enter Ye	5.		<u> </u>	12. Other Cong project (e.g.	. districts sen . PA 1-3, NY 4	ved by 1, 5-9)
c. TOTAL	\$	1,796,	930	_ 1		t delinquent on or NO. If YES,			N	21 thro	ough 47	
d. Fed. % of eligibl	e costs		33 %									
16. CERTIFICA	ATION E	BY AUTHO	ORIZED RE	PRESE	NTATIVE	To the hos	t of my know	viedne and h	eliof all date	in this applicati	on are true	and corre
The document ha Rules if the assista	s been di	uly authorize			oard of the	applicant and	the application					
Mr., Ms., Dr. Fir	st Name		M. I.	L	ast Name	`	, 4	Jr. etc	Position			
Mr.	Mel				Roge	rs			Pr	esident		
Signature of authorized			.01	./	γ	-	-	Date	11/	18/02		

Date signed

#### APPLICATION FOR PTFP FUNDS

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 For PTFP Use

Check here if Revised Form

OMB Approval 0660-0003

Mr.

Colin

General Manager

APPLICATION	ON PART I		OI D	A 11.550		use	
1. APPLICA	NT				2. Employer ID # (EIN)	77-0162617	
Legal Name	Valley Publi	ic Television, Inc.					
Organizational Unit	KVPT-TV				Main Station		1/1/DT T) / 10
Mailing Address (line 1)		less Avenue			Call	Radio MHz	KVPT TV 18  TV Channel
Address (line 2	10111441111				·		
if required) City	Fresno			State CA	County Fres	no	Zip 93721-1213
3. Administrati				ail cdougherty@k			
1.4e 1.4o	Dr. Einst Nama	** 1					
Mr.	Dr. First Name Colin	M. I.	Last Name Dougherty			ral Manager	
1411.	00/11/		Dougherty			rai Manager	
Phone # <u>(559</u>	) 266-1800		The state of the s	Fax #	(559) 650-1880	)	****
4. Engineering	Contact					//,	
Full Mr. F	Rodger Hixon			Engineer		//0	
Title Chief	f Engineer			Phone	(559) 266-1800	)	<del></del>
							Nov
PROJECT IN	FORMATIO	N 5a. Enter "	Y" if vation N	5b. Old File #	Enter "Y" if new     FCC authorizatio	ne V Cr.	NOV 20 2002 CLEARING HOU
7. Enter letter(s)	to classify proje		7411011 <u>11</u>	i iic ir	are required	"" COTAIF	OV. ADZ
	_		(B)roadcast or (N)	onbroadcast D	8. Length of	12	ULEARING
(P)lanning or (C)onstruction	, <u>C</u>	(R)adio or (T)V T or (RT) for both	or (BN) for both	Diploadcast B	Project (# of months)	12	WING HOU
				g		W L EL	100
9. Check ONE b	ox wnich best de	escribes the type of your pro	ject and enter the es	timated number of per	sons that the project v	/iii benetit	
A. New Broadc Station, Repeat	er or	B. Broadcast Equipment	C. Digita	al TV version	D. Nonbroado (e.g. Distance		10. Enter the Priority or
Translator; 1st I origination	local	Replacement, Augmentation		<u> </u>	Learning Activation or Expansion		Category under which
FIRST service		1		RENTLY served by	CURRENT	LY served by	you request the application
proposed fac	ility	CURRENTLY served applicant.	by appli 2,300		l applicant.		be reviewed
400C0 CC0	0.410T to the sec	t t	1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	NEW		l
covered by o	VICE to those thers		multi-		I facility	e added by propose	Broadcast Otl
		1	ł applii	cation		<u></u>	
						11. Single Congressiona	al le
		G (whole dollars)	., ,	ect to review by Executiv		Congressiona District of Applicant	19
a. Federal Reque	est \$	60,000	Office of PTFP review. Otherwi	e has no Single Point of Cont program is not selected for st se enter Yes.	aci <sup>ale</sup> NO		
o. Applicant Shar	re \$	90.000					g. districts served by I. PA 1-3, NY 4, 5-9)
	_		<b></b>			18,20,21	
: TOTAL	\$	150,000	Enter YES or NO	nquent on any Federal De D. If YES, attach explanal	lion. NO		
l. Fed. % of eligi	ble costs	40.00 %					
					***************************************	<u> </u>	
		AUTHORIZED REPRE					ion are true and correct.
	tance is awarde	authorized by the governing d.	poard of the appli Phon	• • •		ic auduned assu	urances and the FIFF
Mr., Ms., Dr. F	irst Name	M. I. 🔍 🛴	Last Name	<del>-1</del>	Jr. etc Position		
		20 Table 1 Tab					

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Dougherty

#### APPLICATION FOR PTFP FUNDS

### Public Le. J communications Facilia s Program Check here if Revised Form

CFDA 11.550

9	, :	a	•	 Revised	Form
r	P	ΓF	P		

OMB Approval 0660-0003

**APPLICATION PART I** 

NTIA/Department of Commerce/Washington DC 20230

For f Use

L		
2. Employer		
ID # (ĖIN)	~ 4	

1. APPLICAI	NT									ID # (ĖIŃ)	94-165	8168	********	
Legal Name	Redwood E	Empire Pul	olic Televis	ion, Inc	) <u>.                                    </u>									
Organizational Unit	KEET-TV								Main Statio				KEET DT	11
Mailing Address (line 1)	7246 Humb	ooldt Hill F	load		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				Call Lette	rs R	adio M	lHz	TV	Channel
Address (line 2 if required)														
City	Eureka			···	<u>.</u>		State C	CA	(	County Humb	ooldt		Zip <u>9550</u>	3
3. Administrati	ve Contact					E-ma	il <u>r_sc</u>	hoenherr	@keet.p	bs.org				
Mr., Ms.,	Dr. First Name	<b>)</b>	M. I.	L	ast Nan	ne			Jr. etc	Position				
Mr.	Ronald		<u>L</u>		Schoe	nherr				Execu	tive Dire	ctor		
Phone # (707	) 445-0813							Fax #	(707)	445-8977		~		
4. Engineering	Contact		•						,			$\langle \rangle$	IP.	
Full Mr. J	oel Househo	olter						Engineer			//>	3/~		
	tor of Engine							Phone	(707)			<u>//</u>		# PP 72
						*******					/_/	1	YOY _	
PROJECT IN	NFORMATIC	N	5a. Ente Rea	er "Y" if activation	Ν	-	5b. Old File #	ł	6. Ente	er "Y" if new / C authorization	SMAT			<b>2002</b> //
7. Enter letter(s)	to classify proj	ect							are	required	11/2	:C/ <sub>{</sub>	FADU	
(P)lanning or (C)onstruction	<u>C</u>	(R)adio o or (RT) fo	r (T)V T	(B)r	roadcas BN) for	t or (N)o	onbroadc	ast B	8. Len Proj	gth of ject (# of	24	\	"MING"	401
, ,				,	·				11101	11113)				WUSE/
9. Check ONE b	ox which best o	describes the	type of your	project ar	nd enter	r the est	imated n	umber of pe	rsons tha	t the project w	ill benefit		1	$\sim$
A. New Broadc Station, Repea	ter or	l Equi	roadcast oment		1	C. Digita Conv	al TV ersion		1	D. Nonbroadca (e.g. Distance	ast		l Priority	
Translator, 1st origination	local	Hepl Augn	acement, nentation -		I			<u> </u>	1	Learning Activation or Expansion		***************************************	Catego under you re	which
FIRST service proposed fac		l l Cl	JRRENTLY ser	ved by	1	CURI applio	RENTLY s	served by	i I	CURRENTL applicant.	Y served by	/	the ap	plication
			plicant.	,	1	135,0	5,000		1		<u> </u>			
ADDED SEF	RVICE to those others	l I			. 1		nter "Y" if a ulti-year		I NEW service facility		vice added by proposed		d Bro	adcast Other
		l			1		cation		l		······		1	
				1		-					11. Sing Con	gressiona	al	
a. Federal Requ				14.	Enter	NO if state	e has no Sir	ew by Execution Tale Point of Cor	itact	2372?	Appl	rict of licant	1	***************************************
a. rederai nequ		24	7,230				program is r se enter Ye	not selected for s s.	itale	Yes			. districts serve	
b. Applicant Sha	ire \$	12	1,770									ject (e.g I; OR-	. PA 1-3, NY 4, 	5-9)
c. TOTAL	\$	369	9,000	15.	Is applic	cant delin	nquent on D. If YES,	any Federal D attach explana	ebt? ition.	NO		,		
d. Fed. % of elig	jible costs	f	67.00 <sup>%</sup>											
40 05555	OATION DV			DECEM	T A T I	7-1		····			<u> </u>			
The document	has been duly	authorized				e appli	cant and			id belief, all da comply with th				
Rules if the assi	stance is award First Name	iea.	M. I.	امدا	st Name	Phon	e# ( <u>7</u>	<u>'07 <sup>)</sup> 445-</u>	0813 Jr. etc	Position				
			14. 1.		choent				UI, 610		ive Direc	etor		
	Ronald	4 26	26	. <u> </u>	noen	ICII			D - 1					· · · · · · · · · · · · · · · · · · ·
Signature of authorize representative	ed //	<u></u>							Date signed		- 18.	0 Z		

Org Name: INLAND BEHAVIORAL & HEALT UDS Number: 098620

APPLICATION FO	OR	ſ	2. DATE SUBMITTED						
FEDERAL ASSIS	TANCE			10/30/2002					
1. TYPE OF SUBMISSION: Application	Preapp	lication	3. DATE RECEIVED B	Y STATE	State Applicationt Ide	ntifier			
Construction	: =	nstruction	4. DATE RECEIVED B	Y FEDERAL AGENCY Federal Identified H80CS00248					
✓ Non-Construction	No	n-Construction							
5. APPLICANT INFORMATION Legal Name:				Organizational Unit:					
INLAND BEHAVIORAL			, INC.	_	-file to be con-	to ded on matter involving this			
Address (give city, county, state,	and zip code	a)		Name and telephone number of the person to be contacted on matters involving this application (give area code) TEMETRY A. LINDSEY					
1963 NORTH E STREE	T			909-881-6146					
SAN BERNARDINO, C.	A 92405								
San Bernardino									
6. EMPLOYER IDENTIFICATION	NUMBER (	EIN):		7. TYPE OF APPLICANT (et	nter apprpriate letter in i	box) N			
1953246624A1				A. State	H. Independent	<u> </u>			
8. TYPE OF APPLICATION:  If Revision, enter appropriate let A. Increase Award D. Decrease Duration	_	e Award C. Ir	Revision  Crease Duration	A. State H. Independent School Disk B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)  Public Non-Profit  9. NAME OF FEDERAL AGENCY:					
				HHS, BPHC					
12. AREAS AFFECTED BY PR San Bernardino County	'HEALTH CE	ENTERS		11. DESCRIPTIVE TITLE OF Inland Behavioral an		ECT: 0(e) budget period renewal.			
		44 CONCRESS	ONAL DISTRICTS OF						
13. PROPOSED PROJECT: Start Date Endir	ng Date	a. Applicant	OIAL DISTRICTO OF	; b.	Project				
	/2004	42		42					
15. ESTIMATED FUNDING:		L	16. IS APPLIC	ATION SUBJECT TO REVIEW	BY STATE EXECUTI	VE ORDER 12372 PROCESS			
a. Federal		536,790	0.00 a. YES. T	HIS PREAPPLICATION/APPLI E ORDER 12372 PROCESS FO	CATION WAS MADE A				
b. Applicant	-	0	000	NTE   II/01/2002					
c. State		O	b. NO.	✓ PROGRAM IS NOT C	OVERED BY E.O. 1237	72			
d. Local		1,329,433	3.00			STATE FOR REVIEW			
e. Other		407,852	2.00						
f. Program Income		1,029,331	.00 17. IS APPLICA	ATION DELINQUENT ON ANY					
g. TOTAL		3,303,406		Yes If "Yes", attach					
AUTHORIZED BY THE GOVERN a. Typed Name of Authorized Temetry A Lindsey	ING BODY C	OF THE APPLICANT	TA IN THIS APPLICATI TAND THE APPLICAN	ON/PREAPPLICATION ARE T T WILL COMPLY WITH THE A b. Title President and CEO	RUE AND CORRECT, TTACHED ASSURAN	THE DOCUMENT HAS BEEN DULY CES IF THE ASSISTACE IS AWARDED. c. Telephone Number (909)-881-6146			
d. Signature of Authorized Re						e. Date Signed 10/30/2002			
Flectronically Signed by	r: Temetry	A. LINDSEV				10/30/2002			



## APPLICATION FOR

FEDERAL ASSISTAL	<b>VCE</b>	2. DATE SUBMITTED		Applicant Identifier			
		11/14/2002		09CH7168			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	'STATE	State Application Identifier			
Application Construction	Preapplication						
Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORMATION	TE NON CONSTRUCTION	]					
Legal Name:	1. f., F.,	O	Organizational Unit:	II 1			
Sonoma County Peop		Opportunity, 1		ma County Head Start Program			
Address (give city, county, State, 555 Sebastopol Roa			Name and telephone r	number of person to be contacted on matters involving			
Santa Rosa, CA. 95			Ofelia Ochoa-Morris				
Sonoma		Program Dire					
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in box)			
94-1648	949		A. State	H. Independent School Dist.			
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning			
☐ New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe			
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual			
			F. Intermunicipal	M. Profit Organization			
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) Non-Profit			
D. Decrease Duration Other(s	р <del>в</del> спу):		9. NAME OF FEDERA	L AGENCY:			
				mustration for			
			11115 170	Chilore and Families LE OF APPLICANT'S PROJECT:			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:			
	[0]	3 — . 6 0	Program Accou				
TITLE: Head	Start		Program Accou				
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):	Program Accou Program Accou				
Sonoma County, Ca	lifornia		Trogram Accor	ine # 11 bild			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	I.				
			<del>,</del>				
Start Date   Ending Date   3/1/2003   2/29/2004	a. Applicant 01 and 06		b. Project 01 an	nd 06			
15. ESTIMATED FUNDING:	OI diid OO			SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PR				
a. Federal	\$	.00					
b. Applicant	\$	06,518		PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372			
s. replicant		4,130		FOR REVIEW ON:			
c. State	\$	.00					
d. Local	\$	00	DATE	1.18/02			
d. Local	Ψ	•	b. No. 🗌 PROGRA	M IS NOT COVERED BY E. O. 12372			
e. Other	\$	.00		RAM HAS NOT BEEN SELECTED BY STATE			
f Drogger la	Φ.	00	FOR REVI	EW			
f. Program Income	\$		17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	.00		ttach an explanation.			
40 TO THE DEST OF THE WAY		0,648		<b>/</b>			
				ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAI			· · · · · · · · · · · · · · · · · · ·			
a. Type Name of Authorized Repr	esentative	は Title g作PBO (単文会のサイル	a Direction	c. Telephone Number			
Helga Lemke d. Signature of Authorized Repres		\$CPEO Executiv	<del>-  </del>	(707)544-6911 e. Date Signed			
				11/14/2002			
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Authorized for Local Reproduction		NOV 2 C	2002	Prescribed by OMB Circular A-102			
		Pra wien					
		STATE CLEAR!	NC HOUSE				
	L.	to her her I till I	144 1100351				

APPLICATION FOR				pproval No. 0348-00			
FEDERAL ASSISTANCE	2. DATE SUBMITTED 11-18-02		Applicant Identifier				
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY	STATE	State Application Identifier				
Application Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	DERAL AGENCY Federal Identifier				
Non-Construction X Non-Construction	T. DATE RECEIVED D.		- Coordinated				
5. APPLICANT INFORMATION		Ta					
Legal Name: Smith River Rancheria		Organizational Unit:					
Address (give city, county, State, and zip code):		Smith River Rancheria  Name and telephone number of person to be contacted on matters involved.					
250 N. Indian Rd.		this application (give a	rea code)				
Smith River, Del Norte Cour		mboise, (707)4	87-9255				
Smith River, Del Norte Cour California 95567-9525 6. EMPLOYER IDENTIFICATION NUMBER (EIN):	<u> </u>	7. TYPE OF APPLICA	ministrator NT: (enter appropriate letter in	box)			
68-0067275				K			
8. TYPE OF APPLICATION:	A. State B. County	<ul><li>H. Independent School Dist.</li><li>I. State Controlled Institution or</li></ul>	f Higher Learning				
	Revision	C. Municipal	J. Private University	. rugitor 200trining			
		D. Township	K. Indian Tribe				
If Revision, enter appropriate letter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization				
A. Increase Award B. Decrease Award C. Increas	e Duration	G. Special District	N. Other (Specify)				
D. Decrease Duration Other(specify):							
		9. NAME OF FEDERA	L AGENCY: L Development				
######################################	200 - 200 -	OBDA-Rula	r pevelopment				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	CT:			
	10-766	Community	Building and	Land			
Community Facility Loan		Acquisition					
TITLE: and Grant Program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, Sta	ates, etc.):						
Smith River, Del Norte Cour							
13. PROPOSED PROJECT 14. CONGRESSIONAL DI	STRICTS OF: De1	Norte Coun	ty				
Start Date Ending Date a. Applicant	01	b. Project					
15. ESTIMATED FUNDING:			SUBJECT TO REVIEW BY ST	ATE EXECUTIVE			
		ORDER 12372 PR					
a. Federal \$ 800	0,000	a. YES. THIS PREA	APPLICATION/APPLICATION V	VAS MADE			
b. Applicant \$	- GO	4	TO THE STATE EXECUTIVE				
c. State	00	PROCESS	FOR REVIEW ON:				
c. State		DATE					
d. Local \$	.00						
NOV 2 0 2002	+ ==	M IS NOT COVERED BY E. O					
e. Other	FOR REV	GRAM HAS NOT BEEN SELEC (IEW	HED BY STATE				
f. Program Income - STADING HOUSE	.00						
f. Program Income STATE C EARING HOUSE	00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FE	DERAL DEBT?			
g. TOTAL \$	Yes If "Yes," attach an explanation.						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AL	) , 000 LL DATA IN THIS APPLIC	ATION/PREAPPLICAT	TON ARE TRUE AND CORRE	CT, THE			
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GO		E APPLICANT AND TH	HE APPLICANT WILL COMPLY	Y WITH THE			

b. Title
Tribal Chair

d. Signature of Authorized Representative Previous Edition Usable

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a. Type Name of Authorized Representative

Kara Brundin Miller

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number

(707)487-9255 e. Date Signed /0 2302

10MB Approval No. 0348-0043

APPLICATION FOR		2. DATE SUBMITTED			App	Applicant Identifier						
FEDERAL ASSISTA	NCE			November	15, 2002							
1. TYPE OF SUBMISSION  Application  Construction	Pre-application  Construction		***************************************		ECEIVED BY ST			Copplication Identified				
Non-Construction	□ Non-Construc	tion		4. DATE R	ECEIVED BY FE	DERAL AGEN		oral Identifier				
5. APPLICANT INFORMATION	1			1			<u> </u>	104 10				
Legal Name: National Indian Just	tice Center			Organizational Unit:								
Address (give city, county, st.				Name and relephone number of the person to be contacted on matters involving this								
5250 Aero Drive Santa Rosa, CA 95403				application (give area code):								
Outrid Hosel, On David				Joseph Myers (707) 579-5507 x 222								
6. EMPLOYER IDENTIFICATION	O A O O			87. TYPE OF APPLICANT: (enter appropriate letter in box)								
6 8 - 0 0		A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning										
8. TYPE OF APPLICATION	O TYPE OF APRILITATION					k	J. Private Unive C. Indian Tribe	rsity				
weN 🗖		F. In	terstate ter-municipal	N	., Individual M. Profit Organi							
If Revision, enter appropriate		G. Sı	pecial District		V. Other (Speci	(y): 100% Indian Owned Non-Profit						
A. Increase Award B. C		9. NAME OF FEDERAL AGENCY:										
D. Decrease Duration O	D. Decrease Duration Other (specify):						Dept. of Health and Human Services, SAMHSA					
		7 7	<del></del> -	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:								
10. CATALOG OF FEDERAL D ASSISTANCE NUMBER:	SP- 03	0 0	1									
TITLE; AI/AN-NRC					rican India: stance Abus			al Resource Center for				
12. AREAS AFFECTED BY	/ PPO IECT (Cities coun	ities states	•									
etc.); Nationwide	Troomer temes, coon	inco, sidic	<b>3</b> 1									
		T										
13, PROPOSED PROJECT:  Start Date  E	nding Date	a. App		sional districts of: b. Project: Nationwide								
Start Date	noing Date			District of CA			b. 1 10jec	Made i Wide				
15. ESTIMATED FUNDING			16. IS	APPLICAN	IT SUBJECT	TO REVIE	W BY STATE	EXECUTIVE ORDER 12372 PROCESS?				
a. Federal	\$ 989,2	202.00	a.	YES.	THIS PR	RE-APPLICA EXECUTIVI	ATION/APPLIC E ORDER 123	CATION WAS MADE AVAILABLE TO THE 72 PROCESS FOR REVIEW ON:				
b. Applicant	\$	0.00			DATE							
c. State	\$	0.00	b.	МО		PROGRA	AM IS NOT CO	OVERED BY E O 12372				
d. Local	\$	0.00			X	OR PRO REVIEW		OT BEEN SELECTED BY STATE FOR				
a. Other	\$	0.00										
f. Program Income	\$	0.00	17. IS				ON ANY FEDE					
g. TOTAL \$ 989,202.00					If "Yes" alta	ach an expli	enation	No No				
18. TO THE BEST OF MY KNOWL BODY OF THE APPLICANT AND T	EDGE, ALL DATA IN THIS APPL HE APPLICANT WILL COMPLY V	ICATION/PRE	-APPLICA	ATION ARE TI	RUE AND CORE	RECT, THE DI TANCE IS AV	OCUMENT HAS E VARDED.	EÊN DULY AUTHORIZED BY THE GOVERNING				
a. Typed Name of Authorized Representative b. T								c. Telephone number (707) 579-5507				
d. Signature of Authorized			F - Land			e. Date Signed 11/15/2002						
Previous Editions Usable	<del></del>							Standard Form 424 (Rev 7-8				